

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

24835

1. PLACE OF DEATH

County Jackson
 Township Lebanon
 City Kansas City, Mo. (No.)

Registration District No. 399Primary Registration District No. 79File No. Registered No. St. Ward

2. FULL NAME

(a) Residence, No. 441 South Oakley Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25-1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 6 hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) 441 South Oakley
 (STATE OR COUNTRY) Kansas City, Mo.

13. NAME Evam Lafan Price

14. BIRTHPLACE (CITY OR TOWN) Liberty, Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Clara Grace Wharton

16. BIRTHPLACE (CITY OR TOWN) Liberty, Mo.
 (STATE OR COUNTRY)

17. INFORMANT Evam Lafan Price
 (ADDRESS) 441 South Oakley, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL Liberty, Mo. DATE 7/26/34
Funerary

19. UNDERTAKER Charles Archer
 (ADDRESS) Liberty, Mo.

20. FILED 7-25-34 M. D. Grove
Assoc. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25-193422. I HEREBY CERTIFY, that I attended deceased from July 25, 1934 to July 25, 1934I last saw him alive on July 25, 1934 Death is saidto have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Premature Birth 7 7/8 moOther contributory causes of importance: 159Castor oil thruby motherName of operation Date of What test confirmed diagnosis? Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Hygienic(Signed) M. D.(Address)

